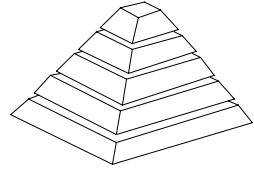


# Philips Medical Systems



## FIELD CHANGE ORDER

Service

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Released : L.Küppens Groot gezeichnet  
Publication No. : 4512 980 57841

Reference No. : 00 135 010  
Date : April 1999  
Product Group : 742



**OPTIMUS RAD/RF**

### APPLIES TO:

All OPTIMUS RAD/RF with Rotor Control HS  
9890 000 0221X      4512 104 7140X  
                          4512 104 3379X

### TITLE:

Einschaltstrombegrenzung ROCO

### LIST OF PAGES & DRAWINGS:

1 ... 2    99.0  
ANR        99.0

### CONTENTS:

1x power on current limitation kit 4512 104 91281

### INTRODUCTION:

**Symptom** : Ausfälle der ROCO Einheiten  
**Cause** : .....

**Remedy** : Einbau der Einschaltstrombegrenzung

### **Vorbereitungen:**

#### **OPTIMUS RAD**

Vor der Änderung ist die Anlage durch Auslösen des EN-F1 spannungsfrei zu schalten und auf Spannungsfreiheit zu prüfen.

#### **OPTIMUS RF**

Vor den Serviceaktivitäten ist die Anlage spannungsfrei zu schalten. Das Auslösen des EN-F1 reicht in diesem Fall nicht aus.

### **Kurzbeschreibung:**

Ziel dieser FCO ist es den Einschaltstrom zu begrenzen und dadurch das Anlaufgerät vor einer Zerstörung zu schützen.

### **MANPOWER / TIME TO COMPLETE:**

1Stunde                  1 Techniker

### **TOOLS & TEST EQUIPMENT:**

Standard Werkzeugsatz

### **MODIFICATION KIT / PARTS REQUIRED:**

Für alle o.a. Generatoren kann das folgende Kit bestellt werden:

**1x power-on current limitation                  4512 104 91281**

#### **Note**

*The modification kit will be available Free Of Charge till the end of December 2000 at the spare part centre in Hamburg.*

### **DOCUMENTATION:**

Bitte die FCO und das Manual im OPTIMUS Ordner Kapitel 8 abheften.

# FCO ACTION NOTIFICATION REPORT

## For local SSD use only; do not return to PMG.

TITLE : <b>Einschaltstrombegrenzung ROCO</b>													
CLASSIFICATION : <b>Action for Performance</b>	FCO REF. NO.: <b>00 135 010</b>												
APPLIES TO : All OPTIMUS RAD/RF with Rotor Control HS 9890 000 0221X    4512 104 7140X 4512 104 3379X													
HOSPITAL / ADDRESS :													
LOCATION / FW SITE NO.:	SALES ORDER NO. / OA NO.:												
PRODUCT NUMBER :	<table border="1"><tr><td> </td><td> </td></tr></table>												
UNIT SERIAL NUMBER :	<table border="1"><tr><td> </td><td> </td></tr></table>												
ACTION ON THIS UNIT WAS: (select one)	JOB NO. / SERVICE INCIDENT NO.:												
<input type="checkbox"/> Completed per instruction on _____ DATE _____	<table border="1"><tr><td> </td><td> </td></tr></table>												
<input type="checkbox"/> Completed by the factory prior to delivery.													
<input type="checkbox"/> Not completed as this unit is not affected per instruction because: (state reason)  _____													
<input type="checkbox"/> Not completed because customer has unit in storage. Required parts & instructions received by the customer.													
CUSTOMER ACKNOWLEDGEMENT (Required for <b>MANDATORY ACTIONS</b> only). The <b>REASON and PURPOSE</b> of this modification have been explained to me.													
CUSTOMER NAME (PLEASE PRINT)	TITLE												
CUSTOMER SIGNATURE	DATE												
BRANCH REGION / DEALER : _____	SERVICE UNIT / SERVICE AREA NO. : _____												
SIGNATURE CUSTOMER SUPPORT ENGINEER	DATE												
SIGNATURE CUSTOMER SUPPORT MANAGER	MAIL TO : <b>SSD Customer Support Manager</b>												